

Division of Behavioral Health Services

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TO: T/RBHA CEOs and Medical Directors

FROM: Jerry L. Dennis, M.D.
ADHS/DBHS Medical Director

Dan Wendt
Division Chief, Bureau of Quality Management and Evaluation

SUBJECT: **POLICY CLARIFICATION: COORDINATION OF CARE WITH AHCCCS
HEALTH PLANS AND PRIMARY CARE PHYSICIANS**

DATE: October 15, 2004

This memorandum is intended to clarify the responsibilities of Tribal and Regional Behavioral Health Authorities (T/RBHAs) and their subcontracted providers in meeting the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) revised policy requirements (effective October 15, 2004) regarding coordination of care with Arizona Health Care Cost Containment System (AHCCCS) Health Plan Primary Care Physicians (PCPs).

The purpose of the coordination of care requirements is to ensure the well-being of persons receiving services in both the behavioral health and acute care systems and to prevent duplication of services. Policy requirements should be interpreted with this important purpose in mind.

According to ADHS/DBHS Provider Manual Section 4.3, *Coordination of Care with AHCCCS Health Plans and Primary Care Providers*, behavioral health providers are required to disclose relevant behavioral health information pertaining to Title XIX and Title XXI eligible persons to the assigned AHCCCS Health Plan PCP as needed to support quality medical management and prevent duplication of services.

At a minimum, the person's diagnosis and current prescribed medications (including strength and dosage) must be provided to the person's assigned PCP for:

- All behavioral health recipients referred by the PCP;
- Any person that the PCP requests information about, and/or;
- All persons who have been determined to have a serious mental illness per ADHS/DBHS Provider Manual Section 3.10, *SMI Eligibility Determination*.

This memorandum addresses questions that have arisen regarding implementation of the revised coordination of care requirements.

- 1. Do the coordination of care requirements apply to all persons who are Title XIX/XXI eligible and already enrolled in the behavioral health system or only to those new enrollees coming into the system since July 1, 2004, when the revised requirements (AHCCCS/ADHS Contract Amendment) took effect?**

Prior to this revision, coordination of care requirements pertained to all Title XIX/XXI behavioral

health recipients. The revised requirements apply to current Title XIX/XXI eligible behavioral health recipients who are or have been determined to have a serious mental illness, who are referred by the PCP or for whom the PCP requests information. The revised requirement includes behavioral health recipients who were enrolled in the behavioral health system prior to July 1, 2004.

2. What if a Title XIX/XXI eligible person self-refers? What if a Title XIX/XXI eligible person is referred by another state agency?

If a Title XIX/XXI eligible person self-refers or is referred by another state agency, then the behavioral health provider must provide information upon the PCP's request, upon determination that the person has a serious mental illness or when deemed necessary to support quality medical management.

3. What is the expectation if a Title XIX/XXI eligible person is referred by the AHCCCS Health Plan Behavioral Health Coordinator? Is this considered a referral by the PCP?

Referrals made by the Health Plan's Behavioral Health Coordinator are made on behalf of the PCP, and as such would be considered a referral by the PCP.

4. Do the revised coordination of care requirements apply to persons determined to have a serious mental illness who are Non-Title XIX/XXI eligible or only to persons who are Title XIX/XXI eligible?

The revised coordination of care requirements apply to persons who are Title XIX/XXI eligible as referenced in item #1 above. For T/RBHA enrolled persons who are Non-Title XIX/XXI eligible, T/RBHAs and/or subcontracted providers should coordinate care with any known medical care provider to support the goal of quality medical management.

5. Do the revised coordination of care requirements apply to persons who were determined to have a serious mental illness prior to July 1, 2004, or only to those who were determined to have a serious mental illness on or after July 1, 2004?

Prior to the recent revision, coordination of care requirements were applicable to all Title XIX/XXI behavioral health recipients. Therefore, the revised requirements apply to all Title XIX/XXI eligible persons as described in item #1 above, including those who were determined to have a serious mental illness before July 1, 2004.

6. If the revised requirements apply to all Title XIX/XXI eligible persons determined to have a serious mental illness, including those who were determined to have a serious mental illness prior to July 1, 2004, then how should behavioral health providers proceed with submitting the required information to the AHCCCS Health Plan PCP?

For persons who were determined to have a serious mental illness before July 1, 2004, whose diagnosis and current prescribed medications (including strength and dosage) have not been forwarded to the person's PCP, the required information must be provided to the PCP at the person's next medication appointment. This process will allow T/RBHA practice to quickly conform to the new policy requirements.

7. How often must the required coordination of care elements be provided to the person's PCP?

T/RBHAs and/or subcontracted providers must provide the required information annually, and/or when there is a significant change in the person's diagnosis and/or prescribed medications.

It is imperative that T/RBHA staff and subcontracted providers have knowledge of and perform in accordance with ADHS/DBHS policy. Please ensure that the information contained in this memorandum is communicated to all relevant internal and subcontracted personnel. If you have any questions regarding this policy clarification, please contact Dan Wendt at (602) 364-4660.